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BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

SEP 28 2000

Legal Name of the Licensee Hispanic Broadcasting Corporation		
Mailing Address 3102 Oak Lawn Avenue - Suite 215		
City Dallas	State or Country (if foreign address) Texas	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number None, see below	Call Sign	

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

☐ Radio

☐ TV

☐ Educational Radio

☒ HQ

☐ Low Power TV

☐ Educational TV

☐ International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX


- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date September 27, 2000	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	10	6		3			1				
PROFESSIONALS	13	3					6		2	2	
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	10						3		7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	33	9		3			10		9	2	

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
B CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS	1		1								
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1		1								

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860		E-Mail Address (if available)
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KTNQ (AM)	35673	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Los Angeles, CA
KLVE (FM)	35086	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Los Angeles, CA
KSCA (FM)	24548	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Glendale, CA
KRCD (FM)	1025	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Inglewood, CA
KRCV (FM)	19088	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	West Covina, CA
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

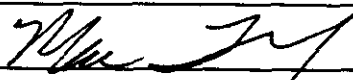
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- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	25	8	1	7			3	1	4	1	
PROFESSIONALS	31	1		20					9	1	
TECHNICIANS	2	1			1						
SALES WORKERS	30	1		15			4		10		
OFFICE & CLERICAL	37			16			1		20		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	2			2							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	127	11	1	60	1		8	1	43	2	

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
OB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS	10			8					2		
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	14			6					8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS	1			1							
TOTAL	25			15					10		

Exhibit

This Annual Employment Report is being filed for KTNQ-AM License Corp., licensee of Station KTNQ, Los Angeles, KLVE-FM License Corp., licensee of Station KLVE, Los Angeles, and HBC License Corporation, as licensee of Stations KSCA, Glendale, KRCD, Inglewood, and KRCV, West Covina, California. Although the foregoing stations are licensed to more than one entity, it is appropriate to file a single FCC Form 395-B for the stations because the foregoing licensees are all subsidiaries of Hispanic Broadcasting Corporation, and the stations are all in the same market (Los Angeles, California) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee Tichenor License Corporation		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860		E-Mail Address (if available)
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KGBT-FM	6662	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	McAllen, TX
KIWW (FM)	67072	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Harlingen, TX
KGBT (AM)	67067	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Harlingen, TX
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

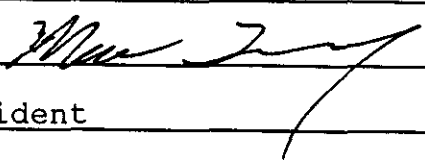
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- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	10	1		6					3		
PROFESSIONALS	15			12					3		
TECHNICIANS											
SALES WORKERS	15			8					7		
OFFICE & CLERICAL	4			1					3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	3			3							
LABORERS (UNSKILLED)	1			1							
SERVICE WORKERS											
TOTAL	48	1		31					16		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
DB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	8			8							
SALES WORKERS											
OFFICE & CLERICAL	1								1		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	5			5							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	14			13					1		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee Tichenor License Corporation		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860		E-Mail Address (if available)
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KBNA (AM)	67065	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	El Paso, TX
KBNA-FM	67066	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	El Paso, TX
KAMA (AM)	36948	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	El Paso, TX
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

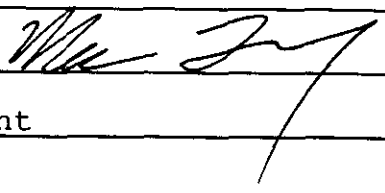
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	7	1		3					3		
PROFESSIONALS	9			6					3		
TECHNICIANS	3			3							
SALES WORKERS	4						2		2		
OFFICE & CLERICAL	6								6		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	2			2							
SERVICE WORKERS											
TOTAL	31	1		14			2		14		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
9 CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	1								1		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	1								1		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee Tichenor License Corporation		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
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A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KCOR (AM)	67069	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	San Antonio, TX
KROM (FM)	67071	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Antonio, TX
KXTN-FM	67064	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Antonio, TX
KXTN (AM)	67070	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	San Antonio, TX
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

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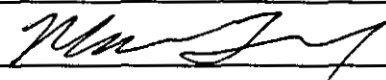
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	15	4		8			1		2		
PROFESSIONALS	17			10					7		
TECHNICIANS	1			1							
SALES WORKERS	14			4			3		7		
OFFICE & CLERICAL	13			2					11		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	1								1		
SERVICE WORKERS											
TOTAL	61	4		25			4		28		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS	7			5					2		
TECHNICIANS	4			2					2		
SALES WORKERS											
OFFICE & CLERICAL	5			2					3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	16			9					7		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860		E-Mail Address (if available)
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

- ☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLAT (AM)	67063	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Houston, TX
KLTN (FM)	65310	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Houston, TX
KOVE-FM	25583	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Port Arthur, TX
KOVA (FM)	57806	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Rosenberg, TX
KLTO (FM)	479	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Galveston, TX
KRTX (AM)	57804	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Rosenberg-Richmond TX
KRTX-FM	57801	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Winnie, TX
K285CS	57800	<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Houston, TX

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

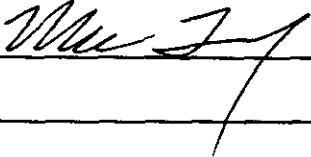
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	18	3		7	1		4	1	2		
PROFESSIONALS	30			23				1	6		
TECHNICIANS	2	1	1								
SALES WORKERS	23	2		10			5	1	5		
OFFICE & CLERICAL	12			2				2	8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	85	6	1	42	1		9	5	21		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	19			13					6		
TECHNICIANS	22			17					5		
SALES WORKERS											
OFFICE & CLERICAL	8							1	7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	49			30				1	18		

Exhibit

The Annual Employment Report is filed for Tichenor License Corporation, as licensee of Stations KLAT, Houston, KRTX, Rosenberg-Richmond, KRTX-FM, Winnie, KOVA, Rosenberg, KOVE-FM, Port Arthur, and KLTO, Galveston, Texas, and HBC Houston License Corporation, as licensee of Station KLTN, Houston, Texas (all in the Houston, Texas market). Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for these stations because the licensees are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are all in the same market (Houston, Texas) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860		E-Mail Address (if available)
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WIND (AM)	67068	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Chicago
WOJO (FM)	67073	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Evanston
WLXX (AM)	11196	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Chicago
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX


- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	16	5		2			2		6	1	
PROFESSIONALS	18			16					2		
TECHNICIANS	6	2		4							
SALES WORKERS	20	1		9			2		8		
OFFICE & CLERICAL	6							1	5		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	66	8		31			4	1	21	1	

**B. PART-TIME PAID
EMPLOYEE DATA**

B CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	13			10					3		
TECHNICIANS	4			3			1				
SALES WORKERS											
OFFICE & CLERICAL	6	1		1					4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	23	1		14			1		7		

Exhibit

This Annual Employment Report is being filed for Tichenor License Corporation ("TLC"), as licensee of Stations WIND, Chicago and WOJO(FM), Evanston, Illinois, and for WLXX-AM License Corp.(WLXX L/C"), licensee of Station WLXX(AM), Chicago, Illinois. Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for the stations because TLC and WLXX L/C are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are in the same market (Chicago, Illinois) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee TMS License California, Inc.		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

☒ Radio

☐ TV

☐ Educational Radio

☐ HQ

☐ Low Power TV

☐ Educational TV

☐ International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KSOL (FM)	70032	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Francisco, CA
KZOL (FM)	70033	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Santa Cruz, CA
KSOL-FM2	70028	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Sausalito, CA
KSOL-FM3	14485	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Pleasanton, CA
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

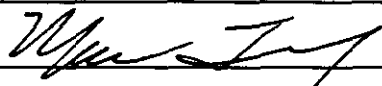
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	10	1		3			5		1		
PROFESSIONALS	5			4					1		
TECHNICIANS	3								3		
SALES WORKERS	8	2		3			1		2		
OFFICE & CLERICAL	5						1		4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	31	3		10			7		11		

**B. PART-TIME PAID
EMPLOYEE DATA**

B CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	2			2							
SALES WORKERS											
OFFICE & CLERICAL	3			1					2		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	4			3					1		
SERVICE WORKERS											
TOTAL	9			6					3		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
	Facility ID Number See below	Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLSQ		<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	East Las Vegas, NV
KISF (FM)	28893	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Las Vegas, NV
KLSQ (AM)	36694	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Laughlin, NV
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

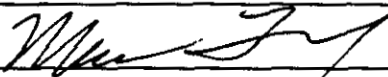
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/21/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	5	1		1			1		2		
PROFESSIONALS											
TECHNICIANS	7			6					1		
SALES WORKERS	11	1		6			2		2		
OFFICE & CLERICAL	3								3		
CRAFT WORKERS (SKILLED)	1	1									
OPERATIVES (SEMI-SKILLED)	1			1							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	28	3		14			3		8		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
1 CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	None										